

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006704	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2016
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF BELLEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH 64TH STREET BELLEVILLE, IL 62223		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1035)4) 300.1035)5) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1035 Life-Sustaining Treatments 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices; 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/15/16

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview and record review the facility failed to have a system in place which ensured that all staff was trained in procedures related to each resident's code status. Facility staff failed to comply with R17's Advanced Directives. Staff did not perform cardio-pulmonary resuscitation (CPR) despite written physician's orders, care plan instructions, and in accordance with R17's expressed wishes. R17 subsequently expired. This failure applies to one resident (R17) and has the potential to affect all 79 residents in the facility.</p> <p>Findings include:</p> <p>1. On 4/27/16, all residents' name tags outside their doors and on their charts contained a red dot meaning "Do Not Resuscitate/DNR" or a</p>	S9999			

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S9999	Continued From page 2 green dot which means "Full Code". R17's Minimum Data Set, MDS, dated 3/20/16, documents R17 was cognitively intact. R17's "Do-Not-Resuscitate (DNR) Practitioner Orders For Life-Sustaining Treatment (POLST) Form" dated 3/19/16, section A, documents Cardiopulmonary Resuscitation (CPR) is checked for "Attempt Resuscitation/CPR." R17's Care Plan, Revised 3/22/16, documents "Advanced Directives/End of Life Care Plan, Approaches=Full code." R17's Skilled Daily Nurse's Notes, dated 3/30/16, documented at 10:55 PM, R17 was unresponsive and respiratory therapist began bagging her. The Nurse's Notes documented R17 had no respirations and expired. R17's Skilled Daily Nurse's Note, dated 3/31/16 at 1:50 AM, documented by E12, Licensed Practical Nurse (LPN), documents "Resident code status obtained DNR." On 4/27/16, at 10:51 AM, E4, Respiratory Therapist (RT), stated, "We were in (R17's) room working on her. We were bagging her, when (E12) came back into the room and told us (R17) was a Do Not Resuscitate. I was working on (R17) with (E13, RT/former employee) when (E12) came into the room. (E12) told us she had checked the paper twice and (R17) was a DNR. Me and (E13) had never left the room once we had started working on (R17) so when (E12) told us (R17) was a DNR, we stopped working on (R17). I didn't find out until 7:00 AM (the next morning) that (R17) was a full code."	S9999			

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S9999	<p>Continued From page 3</p> <p>On 4/27/16, at 11:43 AM, E12, stated, "I went and looked in (R17's) chart and I saw a paper that said 'Do Not Resuscitate' at the top of it and I told the Respiratory Therapists that (R17) was a Do Not Resuscitate. I had never seen that paper before. I wasn't aware that I had to look down further on the paper where boxes were checked and (R17) was checked for CPR(Cardiopulmonary Resuscitation), (R17) was a full code. I had never been trained in that paper before. I was never told anything about green dots and red dots on residents' name tags on their doors or what they meant. I don't even remember seeing red and green dots on their doors. I found out later when they fired me that the green dot means, go do CPR and the red dots mean, stop don't do CPR."</p> <p>E12's Employee Discharge from facility, dated 4/7/16, documents, "On 3/30/16, employee was the nurse for a resident that passed away at the facility. Employee informed staff that the resident's code status was Do Not Resuscitate so CPR was not initiated, 911 was not called, and a nursing assessment was not completed when the resident's condition changed. The resident's Advanced Directive in her chart as well as the color-coding on the door of the resident's room indicated that the resident was a Full Code." E12 employee file documents E12 was hired on 2/23/16.</p> <p>Computer Based Learning Transcript documents E12 completed Advanced Directives training on 3/24/16.</p> <p>On 5/10/16 at 1:40 PM, Computer Based Learning was reviewed and the Dot System and the Code System which the facility utilizes to identify if residents are "Full Code" or "DNR" was</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>not incorporated in the Advanced Directive training.</p> <p>On 4/27/16 at 1:55 PM, Z1, R17's Physician, stated, "I was made aware (R17) had passed away and I believe I was the one that signed her death certificate. I was not made aware of the DNR/Full code mix up. This is the first time I've heard of this. I would have expected the staff to perform CPR, call 911 and continue with CPR until the resident regained respirations on their own or 911 arrived and took over, transporting the resident to the hospital."</p> <p>The facility's inservice record, dated 3/31/16, documented E31, LPN/Quality Assurance/Training, gave training to all employees regarding understanding DNR form, and the colored dots on the doors and charts in the facility.</p> <p>On 5/10/16 at 1:05 PM, E1, Administrator, E6, MDS Coordinator, and E19, Director of Nursing, (DON), were interviewed. E19 stated, "There is no other training documented other than what I have already given, training on 7/2/15 and 12/31/15. There is no training on the Dot System found prior to 3/31/16 or after 3/31/16. There is no documentation of new staff formally being trained."</p> <p>On 5/10/16 at 1:28 PM, E6 stated, "I've been told (E22, Human Resources/former employee) was doing all the new orientation training."</p> <p>On 5/10/16 at 1:50 PM, E1, provided papers with employee signatures and stated, "I talked with (E22) and she said she trained staff on the Dot System when they picked up their pay checks."</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>On 5/10/16 at 2:00 PM, E10, Registered Nurse, (RN) reviewed paperwork E1 had provided with her signatures on them and stated, "Those are the papers we sign when we pick up our pay checks. I have never had and training when I pick up my pay check, we only sign that paper to show we got our paycheck."</p> <p>On 5/10/16 at 2:45 PM, E30, Director of Operations, stated, "We had everybody in the building trained on the Code Status Policy and the Dot System after the incident with (R17). Starting 3/31/16 and for the next couple days I brought staff in to train everybody. Everybody in this building was trained and signed off on the training. I thought we had all this under control. I've been told by (E1), no training has been done on the new staff since then. I can tell you this, all staff will be formally trained starting today and they will sign off on that training."</p> <p>On 5/11/16 at 11:05 AM, E32, Corporate Compliance Auditor, stated, "I made the packets up for the training and they included the Code Status Policy and the Advance Directives. They did not include a copy of the POLST."</p> <p>On 5/12/16 at 10:50 AM, E31 stated, "The people that were physically in the building on training days, I took them down the hall and they were taught about the red and green dots on the door. Red dot means 'Do Not Resuscitate' and the green dot means 'Resuscitate'. Then I took them to a chart and showed them the dots on the spine of the chart and told them the dots mean the same thing as the door dots. I then opened the chart and showed them the forms that say if they are a Do Not Resuscitate or to Resuscitate. The people that were not physically in the building during the training times (E22) called them on the</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>phone and told them about the training. Since they were not in the building on training days, they picked up the information packet when they picked up their paychecks. The people that were in the building that were trained, also received a packet of information on Advanced Directives and the Dot Codes."</p> <p>On 5/11/16 at 12:36 PM, E22 stated, "I had a sign in sheet for when they picked up their checks. I didn't do any formal training when they picked up their checks. I have always had information on my desk on the Advanced Directives and the Code System and if they wanted to read it, they could. I never had staff sign that they read it. It wasn't an in service or anything like that. I'm sure the information is still there, taped on my desk."</p> <p>On 5/11/16 at 12:40 PM, E22's desk and no information on Advanced Directives or Code Systems were taped on the desk. E27, Current Human Resources, was sitting at desk and stated, "There is nothing taped on the desk, there is nothing here about Advanced Directives or the Code System."</p> <p>On 5/10/16 and 5/11/16, the following staff who were hired after 3/31/2016 were interviewed regarding Advance Directives and Resident's Code Status. On 5/10/16 at 10:00 AM, E27, Human Resources, provided documentation, "New Hires From 2/1/16-5/10/16", dated 5/10/16:</p> <p>On 5/10/16 at 1:00 PM, E20, Certified Nursing Assistant, (CNA), stated, "(E21, LPN) told me yesterday, the red dot on the door means Do Not Resuscitate and the green dot means Resuscitate, I haven't received any paperwork yet." E20's hire date was 4/29/16.</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>On 5/10/16 at 2:57 PM, E23, CNA, stated, "I would get the nurse, but we are CPR certified. I'm supposed to start CPR, scream Code Blue here. Honestly, no one told me. Unfortunately, I haven't received any training on code status." E23's hire date is 4/19/16.</p> <p>On 5/10/16 at 3:52 PM, E24, CNA, stated, "Call respiratory, stay by the patient, get the nurse, don't leave the patient, check on the door, the green dot means do CPR and the red dot means do not. Yes, I had training at my other job, not here. When I first got here they showed us procedures, they walked us through orientation. I signed orientation papers. I've been here 2 weeks." E24's hire date was 4/20/16.</p> <p>On 5/11/16 at 6:15 AM, E25, CNA, stated, "Go get a nurse. On the door are dots or something and there's a book we can look at. Can't remember the name of the book we can look at, Care Plan, maybe not sure. I haven't had any training here. I've only been here six days. No, I did not have in service yet." E25's hire date was 4/29/26.</p> <p>On 5/11/16 at 6:50 AM, E26, CNA, stated, "Look at the door to see if I need a nurse, red means Do Not Resuscitate and green means Resuscitate. The DON told me in a conversation, no paperwork, just conversation." E26's hire date was 4/19/16.</p> <p>On 5/11/16 at 12:45 PM, E28, CNA, stated, "I'm aware of the Dot system but haven't received any paperwork yet." E28 would not provide any more information. E28's hire date was 4/22/16.</p> <p>On 5/11/16 at 1:55 PM, E29, CNA, stated, "I would check the door to see if they were green,</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>resuscitate and if they were red, Do Not Resuscitate, I would go get the nurse. (E22) told me this in orientation be I never saw any paperwork about this. The only thing I've gotten is the Employee Handbook and there's nothing in there about the dots on the doors." E29's hire date was 5/2/16.</p> <p>On 5/11/16 at 11:30 AM, when questioned what the POLST form was, E1 stated "It's an Illinois Advanced Directive Form. You look down on it to see if they are a Full Code or a Do Not Resuscitate and then do CPR depending on what it's marked."</p> <p>On 5/11/16 at 11:44 AM, E19, DON, was asked if she knew what the POLST form was and she stated, "No, I do not. Is that an Illinois Form? I'm from Missouri."</p> <p>The Facility's Policy for Advanced Directives, revision date February 2012, documents "Advanced directives will be respected in accordance with state law and facility policy."</p> <p>The Facility's policy for Cardiopulmonary Resuscitation/Code Status Verification, revised March 2015, documents "It is the Policy of (Facility) that Cardiopulmonary Resuscitation ("CPR") will be initiated immediately for all residents with a FULL CODE status. Upon the discovery that a resident's heart and/or lungs have ceased functioning, Emergency transfer to the hospital (911) will be initiated should a resident suffer cardiac or respiratory arrest and who is a full code. This condition occurs when the heart stops beating and/or oxygen circulation ceases."</p> <p>The Facility's Code Status Policy and Procedure:</p>	S9999			

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S9999	Continued From page 9 (Facility), revised April 2016, documents "Purpose: 1. To ensure code status is easily identified for all residents. Procedure: 1. The POLST form will be placed in the resident's medical record at admission after it is verified by all required parties to indicate DNR (Do Not Resuscitate) or Full Code status. 2. Any resident who has elected to have a DNR (Do Not Resuscitate) order will have a red indicator both on the spine of their chart and the room name tag for easy identification. 3. Any resident who has elected to be a Full Code status will have a green indicator both on the spine of their chart and their room name tag for easy identification." 2. The Resident Census and Conditions of Residents, CMS 672, dated 5/10/16, documents that the facility has 79 residents living in the facility. (A)	S9999			

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Helia Healthcare of Belleville

DATE AND TYPE OF SURVEY: May 16, 2016

**Annual Licensure Survey and Complaint Investigation:
1642127/IL84919**

300.610a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

300.1035)4)5)

Section 300.1035 Life-Sustaining Treatments

- 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;
- 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.

300.1210b)

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Attachment B
Imposed Plan of Correction

300.3240a)

Section 300.3240 Abuse and Neglect

- a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

THIS WILL BE ACCOMPLISHED BY:

- I. All Staff who have contact with residents will be in-serviced on the Advanced Directives Policy, Code Status Policy and Crash Cart Policy.
- II. Staff will have training and fully understand the color coded DOT System with completed documentation.
- III. All charts will be updated to reflect the residents current Advance Directives (Code Status).
- IV. DON or Designee will monitor for compliance by daily rounds and weekly chart audits to ensure the effectiveness of the policies and procedures for three months or as needed.
- V. The Administrator and Director of Nurses will monitor Items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: TEN (10) days from receipt of the Imposed Plan of Correction.

LJK 6/23/2016